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THE REST TREATMENT IN GYNÆCOLOGY.

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About two years and a half since, I was consulted by Mrs. B., who gave me the following history:

Age twenty-eight; married; no children; above the medium height; sallow complexion; face care-worn; body emaciated; the parietes sunken, and the prominences of the hip well marked; weight 120 pounds. She had been all her life a resident of Gloucester Co., New Jersey, and different members of her family had suffered with intermittent fever. Two brothers and a sister are now victims of malarial jaundice. No inherited disease. She had been a strong, healthy woman, performing the functions of her sex with regularity and sufficiency. Had been fond of society, and had indulged herself in dancing and late hours. Circumstances having rendered it necessary for her to assume the responsibility of her own support, she sought and obtained a position as school teacher. This necessitated long drives or walks during all seasons, and she was much exposed to the inclemency of the weather. The mental strain to a conscientious woman, desirous of impressing correct habits upon her pupils, was a great one, and from this time she began to

lose weight, to suffer from nervousness and insomnia. From this time, too, so far as she remembers, her menstruation became scant, irregular, and was sometimes absent for several weeks. She has vague pains in the back and loins, the nature of which she did not understand. She was troubled with constipation, headache and extreme nervous exhaustion. Walking was difficult and sometimes impossible. All these symptoms became aggravated with the advance of time. Two years before her marriage a terrible grief came to her, and from that time she began to grow worse, so that upon her wedding-day she was a mere skeleton, without physical energy. Her complexion was extremely sallow, and the conjunctiva yellow. She has not had, so far as she knows, any attack of ague; neither has she suffered from the pains of an obstructive jaundice. Her icterode appearance is intensified at each menstrual period. She has rectal and vesical tenesmus, unbearable backache. Inability to stand long, though walking is much easier than standing. There is pain in the region of the right ovary and down the right leg.

Examination revealed a short vagina

with a retro-verted and somewhat retro flected uterus. The cervix was doughy and swollen, and the region around the neck of the bladder was extremely sensitive. During her treatment in Washington, which extended over a period of two years and more, I had the honor of consulting with several of our leading physicians. At first we endeavored to reduce the version by means of the sound within the cavity of the uterus. (This is always a dangerous experiment, even in the hands of the best gynæcologists, and I was somewhat adverse to its use). The pain following this procedure was of course excessive. A Smith's modified Hodge's pessary was applied, the patient being advised to rest in Sim's position with a pillow under the hips, to suspend the clothing from the shoulders, to use hot vaginal injections, and to keep the bowels open. About a week after the introduction of the pessary, just before or subsequent to her menstruation, a lancinating, excruciating pain set in, which made the removal of the pessary necessary. The pain was at first referred to the right iliac fossa. It then extended up the right side and along the greater curvature of the stomach. There was intense nausea and vomiting, which refused to yield to treatment. There was supra-pubic tenderness, but no fever. The pains were intermittent, coming on at intervals of ten minutes, vomiting setting in with the subsidence of the pain. This first attack lasted twenty-four hours, leaving the patient much prostrated, and so sore that she was unable to move herself in bed. Her appearance was as one suffering with an acute attack of icterus, so much so that one of the physicians supposed that she had an obstructive jaundice, as the pains simulated those of gall stones. Believing the cause to be due to artificial irritation of the womb, a pessary was not thereafter applied until she was removed to Philadelphia;

neither was any subsequent effort at reduction made by the sound. The peculiar sallowness I attributed to the reflex action of the sympathetic. Each month, with one or two exceptions of intervals of two and three months, these peculiar pains returned, always with increasing severity, and extending over longer periods of time. Nothing quieted them but *very* large hypodermic injections of Magendie's sol. of morphia with atropia followed by opium suppositories. Her prostration and general condition became alarming. The womb was supported by pessaries of medicated cotton soaked in the glyc. of tannic acid. Once each month, midway between her period a mixture of chromic acid and water, partes æquales, was carried up to the fundus. The cervix was bled and covered with iodo-tannin.

The patient was given iron and bark, and later the antacid mixture. Rest, fresh air and nourishment were enjoined. Still, with each month the intense pain introduced itself with its following of nausea and exhaustion, with days and days of muscular soreness and of general "yellowness." The patient would often burst into a flow of tears without provocation. Her memory and eyesight became defective. A chance call would so excite her that she could not sleep. Reading, writing or sewing, all irritated her nerves. Finally, after lingering in this condition for so many months, she consented to go to Philadelphia and have a consultation with Dr. William Goodell. I had already advised the doctor very fully of the nature of the case, so that upon our arrival he was prepared with a diagnosis, in which he was sustained by a thorough examination. The local trouble he made out to be a congested ovary, a short vagina with well marked retro-version. The constitutional disturbance he thought was a neurasthenia, of which the local disease might have been the primary cause, but

which had been intensified by grief, and by the incessant worry of a teacher's life. The pain was purely and simply a nerve pain, but upon what physiological condition to be explained in the present stage of scientific medicine, no one could say. The jaundiced condition in part, perhaps, due to malaria, was chiefly owing to a spasm of the gall ducts due to the nervous influence of pain and grief—nerve shock. Dr. Goodell argued with much force, and with the logical soundness that comes of large experience and close observation, that the profession were prone to attribute every symptom to uterine derangements, when such exists, forgetting complications and intercranial diseases which may also obtain.

"How often," said he, "have we seen women with complete procidentia, or with other forms of uterine displacement much more complex than your patient's, going about their daily affair, with apparently little inconvenience, and certainly without a tithe of the physical prostration manifested in the case of Mrs. B."

He advised the rest treatment, and argued so soundly that I seconded him with great sincerity, and Mrs. B. was induced to place herself in his hands. A suitable room was obtained and a well-trained nurse was engaged. She was to go to bed, and to remain there absolutely for from four to six weeks. She was allowed no communication with the external world; not even letters, except from her husband, and these were limited to one per week. She could see no one but her professional attendants. She was to make no movement of herself. In short, the most perfect REST, physical and mental, was the basis of treatment. For the first two days her diet was limited to skim milk; a glass every two hours. Then her regular meals were permitted with six glasses of rich milk per diem. Dialysed iron in gradually increasing doses, with an

aperient pill, as occasion demanded, and Hoff's malt were all the drugs used, with one exception, when the bichloride of mercury and arsenic were given to overcome a malarial complication which Dr. Goodell thought might exist owing to the sallow complexion. The treatment began February 15th, 1881. After her menstruation for that month electricity was used by Dr. Crandall. Galvanism over the liver and ovary, with the faradic current over the trunk and extremities. The general current was obtained by placing the carbon point at the occiput, and the other pole of a Gaiffée battery in a basin of salt water, in which the feet of the patient had been immersed. Massage was also inaugurated. The influence of the electricity and massage was immediate and gratifying. Natural and refreshing sleep, an absence of cold hands and feet, and a general feeling of comfort followed in their wake. The muscles of the back and extremities developed rapidly. The pain in the side disappeared. The complexion became clear, and the digestion perfect. The milk, though taken in large quantities, never occasioned the least discomfort. Then followed the Swedish movements, so arranged as to strengthen the muscles most needing improvement. Meanwhile, Dr. Goodell was gradually rectifying the local dislocation. The womb was slowly tilted into position and the vagina lengthened by means of a long celluloid pessary.

On March 29th the patient went to Atlantic City for two weeks. There was then only a slight sinistro-lateral uterine deviation, the fundus was well up, and the vagina increased in length. The patient had gained three inches around the waist, an inch and one-half around each arm and leg, and had gained about ten pounds in weight. Her complexion was much clearer. She had no backache, no pain, no depression. At this time of writing,

she weighs 132 pounds, and is still gaining. She feels perfectly well, is able to walk quite long distances without discomfort, and is very buoyant in spirits. She takes her iron regularly, with *nux vomica* after meals. She drinks six glasses of milk per diem, and every evening goes through the movements. After exercising in any way, she rests for ten minutes in the knee chest position, and then lies down for a half hour. During the entire treatment she has been threatened but once with one of her old attacks, and this was frightened away—thus demonstrating conclusive, that she had no gall stones.

The interesting features of the case are the pain and yellow complexion. Of the jaundice produced by mental emotion, Dr. Goodeve thus writes in Reynold's System of Medicine: "There are numerous cases on record in which this appears to have occurred. The mental emotions which have been known to bring on jaundice are grief or anxiety, anger or fright. It has been reported in certain cases to have appeared very suddenly, immediately upon the occurrence of the mental emotion. The older writers supposed it to be due to spasm of the gall-ducts or common duct. It is, however, hardly possible to conceive a spasm of the common duct, which would be persistent enough to arrest the bile sufficiently long for absorption. This jaundice would be attributed to suppression of secretion from deranged nervous influence by some writers, and by Frerichs and others to increased formation and absorption of bile, or to diminished metamorphosis from the same cause. Dr. Bence Jones shows how this form of jaundice might arise owing to increased formation of bile through nervous disturbance, especially if at the same time there was interference with the condition of the blood. Referring to the experiments of Claude Bernard on the secretion of the salivary glands, he says: "It is

very probable that the sympathetic nerve in the liver if atonized would stop the circulation by contracting the small blood vessels, and this would diminish the secretion of bile, whilst the branches of the pneumo-gastric which enter the liver, when stimulated, would relax the small blood vessels, and thus cause a more rapid circulation through the liver from which an excessive formation of dilute bile would result." Dr. Murchison thinks that this jaundice is due to diminished metamorphosis in the blood. The disorder has appeared more frequently when the cause has operated directly after a meal, and preceded by a sense of weight or uneasiness at the epigastrium and a feeling of sinking and difficulty of breathing. Bamberger attributes the symptoms to a nervous condition of the stomach and duodenum, which causes catarrhal state of the mucous membrane of the duodenum * * * ."

It has been offered as an objection to the rest treatment, that few patients could submit to the isolation. That separation from husband and family would greatly magnify the mental instability. This objection seems to be plausible, and I would, myself have entertained it, had I not seen women of the most delicate and sympathetic nature, gradually yield to it, and profit by it. For the first few days the home-sick feeling largely predominates, but this soon gives way to the euthanasia that comes of *perfect rest*. A life into which no disturbing element can enter, and into which the hope and assurance of ultimate well being are controlling factors, is so rare that only they know its charm who have experienced it. In the case under discussion the ultimate recovery has been due to the logical and immediate diagnosis of Dr. Goodell. To his wise counsel and generous assistance I owe much, and I am not ashamed thus publicly to acknowledge the debt.

